



## 10. Stakeholder

If your organization is partnering with other organization(s) in the implementation of this project (consortium) please provide information for each partner. Copy the table below as many times you need depending on the number of partners involved.

Full Legal Name:	
Country of Registration:	
Legal Status:	
Address:	
Contact Person:	
Contact Person Telephone Number:	
Contact Person Email Address:	
Role and involvement in preparing the proposal:	
Role and involvement in implementing the proposed project:	
Experience with similar project in relation to role in implementing this proposed project:	
History of cooperation with the applicant:	